

## Unhealthy Behaviors Decline Among Washington Youth

*By Steve Smothers; DASA Prevention Lead*

**New survey shows dramatic declines in teen smoking, use of alcohol, and marijuana.**

The Healthy Youth Survey is a collaborative effort by the Department of Health (DOH), Office of Superintendent of Public Instruction (OSPI), Department of Social and Health Services (DSHS) Division of Alcohol and Substance Abuse (DASA) and Department of Community, Trade and Economic Development (CTED). Each agency works to prevent and intervene in unhealthy behaviors of Washington youth.

The biennial survey was conducted in the fall of 2002. More than 137,000 students in 752 schools in grades six, eight, ten and twelve took the survey, including nearly 25,000 in the state sample. The results provide valuable information for many schools, districts, and counties in their efforts to improve the overall health of children.

Questions on the survey cover a wide spectrum of issues that directly impact the emotional, physical and intellectual well being of youth. Students were asked about their use of harmful substances, the school environment, and attitudes about family, community, and self. Their responses represent the most com-

### Decreases in Tobacco Use

Sixth grade	down by about 53 percent since 1998
Eighth grade	down by about 39 percent since 1998
Tenth grade	down by about 40 percent since 1999
Twelfth grade	down by about 36 percent since 1999

## InSide FOCUS

Unhealthy Behaviors  
Decline Among  
Washington Youth  
...Feature Story

From the Director...  
Treatment Completion,  
the right thing to do  
...Page 2

Suquamish Tribe Becomes  
ADATSA Assessment  
Provider ...Page 3

What is in the Way is the  
Way ...Page 4

A Dream Come True...  
Finally ...Page 5

New Free Resource Helps  
Anti-Drug Coalitions  
Engage Local Business  
...Page 5

Thoughts on Recovery  
...Page 6

DASA Awards New RUaD  
Grants ...Page 7

Significant Cost Savings  
for Washington State  
...Page 8

2003 Treatment Institute  
...Page 8

Winners Selected in 2003  
Drug-Free Washington  
Month Poster Design  
Contest ...Page 9

Opiate Treatment  
Programs Accredited by  
Washington State ...Page 10

Statewide Prevention  
Services Report Released  
...Page 10

Center for Substance  
Abuse Prevention Offers  
New E-Newsletter ...Page 10

## FOCUS

Table of Contents continued

PDFW Distributes New  
Messages to Media  
Partners ...Page 11

Citizens Advisory Council  
and County Board  
Schedule Next Summit  
...Page 11

Upcoming Education and  
Awareness Opportunities:  
June-August ...Page 12

### Letters to the Editor

Please send questions, comments  
or suggestions for articles to:

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email: [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov)

#### Prevention and Treatment Resources

DASA website: [www1.dshs.wa.gov/dasa](http://www1.dshs.wa.gov/dasa)

Chemical Dependency Professionals:  
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:  
1-800-562-1240  
[www.adhl.org](http://www.adhl.org)

Alcohol/Drug Prevention Clearinghouse:  
1-800-662-9111  
<http://clearinghouse.adhl.org>

Media Literacy:  
[www.teenhealthandthemedianet](http://www.teenhealthandthemedianet)

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**DASA Director**  
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**Newsletter Editor**  
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& Health Services.



*From  
the  
Director*

## Treatment Completion The Right Thing To Do

*By Ken Stark*

DASA has been encouraging treatment providers and counties to enhance their quality of treatment. One measurement of this is their treatment retention, or treatment completion rates. Over the past year there has been some good movement by providers to increase the percentage of patients who complete their treatment plan. We have been able to identify some progress with certain modalities and with specific populations. This article addresses why DASA is pushing forward with treatment retention.

First and foremost, clinically we know it is the right thing to do. The job of the counselor is to help patients put their lives back together after addictions have caused havoc. We know from Washington State specific data that when people complete their treatment plan, they have better outcomes. It truly is the right thing to strive for with each patient that comes into your program.

**Recent data runs show that treatment retention produces better outcomes for patients:**

- **Lower Re-Admission Rates:** By taking a snapshot in time using TARGET we are able to look at readmission rates. For example, in December of 2001 almost 35% of adult patients who did not complete treatment had a readmission within twelve months of leaving treatment, while only 14% of adult patients who completed treatment were readmitted. For youth, 22% of non-completers were readmitted but only 5% of completers needed readmission into treatment.
- **Higher Employment Rates:** 38% of ADATSA clients who completed treatment were employed 18 months after treatment, versus only 31% of non-completers were employed. Further, our data tells us that completers were making more money than non-completers.
- **Lower Arrest Rates:** Fewer completers were arrested for a felony offense than non-completers. And we know that completers had less need for hospitalization than non-completers: 88 per 1000 for completers vs. 112 per 1000 for non-completers.
- **Cost Savings:** The 2002 SSI Cost Offset Study Update showed clearly that completers saved the health and mental health care systems money. For each completer, \$363 dollars per month was avoided, compared to \$252 for non-completers. We know that no treatment is most costly, some treatment is less costly and treatment completers cost even less to Washington State. What this means is that successful treatment is helping Washington State reduce costs for SSI patients – that treatment more than pays for itself!

We know that treatment completion is the right thing to do for the patient life, health and emotional well-being, and it is the right thing to do for Washington's fiscal health. Thanks to all the providers who are helping to increase treatment retention rates – we are seeing a difference.



## Unhealthy Behaviors continued



preprehensive look at teen health attitudes and behaviors gathered by state officials.

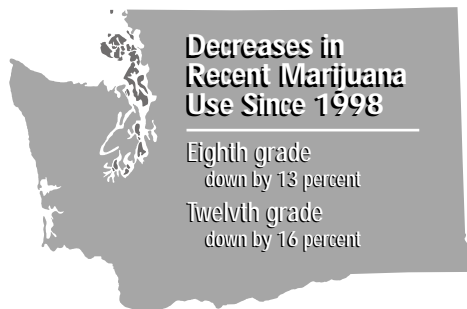
Smoking rates among Washington teens plummeted to their lowest level in the past several years. The number of adolescents who smoke declined by about 53 percent among sixth graders, 39 percent among eighth graders, 40 percent among tenth graders, and 36 percent among twelfth graders since the late 1990s. The decrease means there are about 53,000 fewer kids smoking in



Washington than before the state began its comprehensive anti-tobacco program (adjusted for population growth).

The coordinated efforts of local and state agencies to reduce under-

age drinking appear to be making a tremendous impact. This year's numbers show the greatest reduction in underage drinking since the Healthy Youth Survey was first given in 1988. This is especially important considering more youth use alcohol and are harmed by it than any other drug. The use of



age drinking appear to be making a tremendous impact. This year's numbers show the greatest reduction in underage drinking since the Healthy Youth Survey was first given in 1988. This is especially important considering more youth use alcohol and are harmed by it than any other drug. The use of

marijuana among eighth and tenth graders was noticeably lower, as well.

Dennis Braddock, Secretary of the Department of Social and Health Services, credits the cross-agency teamwork and focus on a common, evidence-based prevention strategy for the progress being made in fighting drug and alcohol use.

"This is good news – not just for kids who are in our schools today, but also for the next generation. Youth who protect their health by abstaining from substance abuse are on the road to protecting their own future children," said Braddock. "Overwhelming facts show that most parents who abuse or dangerously neglect their children also abuse drugs or alcohol."

"Working together through community-based prevention strategies, we are breaking this damaging cycle," Braddock added.

Survey results indicate that two important risk factors—the perceived availability of drugs and favorable attitudes toward drug use—have declined significantly. This is a good sign that tobacco, alcohol, and other drug prevention programs are working. For example, about 39 percent of students in the tenth grade in 2002 said it would be hard for them to purchase alcohol, compared to about 29 percent of students in the 2000 survey.

"As a society, we still have a long way to go to make our children completely healthy and safe," Braddock said. "But this survey shows we have made great progress by working as partners with clear objectives and measurable outcomes. Creating a statewide Substance Abuse Prevention System Plan and involving many partners in community-based strategies has reduced under-age drinking and drug abuse as well as the related social, health and economic impacts on all of us."

For more information on the Healthy Youth Survey, contact Steve Smothers at (360) 438-8066.



## Suquamish Tribe Becomes First Full ADATSA Provider

By Jim Friedman

The Division of Alcohol and Substance Abuse (DASA), in concert with the Suquamish Wellness Program, the Suquamish tribe, and the Bremerton Community Service Office (CSO) has increased access for individuals in need chemical dependency treatment in the north end of Kitsap County.

DASA has certified the Suquamish Wellness Program as the first tribal ADATSA assessing entity in the state. Further, DASA has contracted with the

Tribe through the remainder of the biennium to fund a limited number of ADATSA outpatient clients at the Suquamish Wellness Program, making it the first all-inclusive tribal ADATSA treatment provider.

The Program identifies individuals needing drug/alcohol treatment who appear to be financially eligible under the ADATSA program requirements. These individuals' ADATSA assistance applications are then "fast-tracked" through the eligibility process at the Bremerton CSO. Once determined financially eligible, the Suquamish Wellness Program coordinates provision of ADATSA treatment services for those wanting treatment.

Jim Friedman, DASA's Region 5 Administrator, may be reached at (253) 983-6066.



# What is in the Way is the Way...

By Stephen Bogan, DASA Youth Treatment Lead

What is in the way is the way...I am not sure where I found this or who wrote it, but it has become a mantra to describe how to better address the challenges of treating adolescents who are chemically dependent and suffering from increasingly more severe psychological, behavioral, and emotional problems.

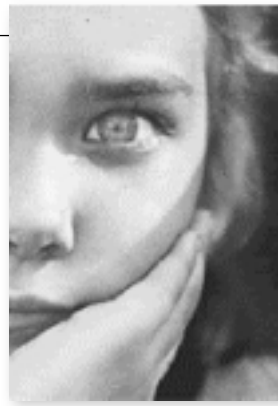
The challenge we face in working with these youth can be summed up in the following quote: "The only thing more complicated than the behavior of someone involved in substance abuse is the behavior of an adolescent. The combination of the two defies a rational explanation." Treating these youth effectively requires us to become more comfortable with the complexities and depth of the developmental crisis these youth are in, while addressing the drug and alcohol use that complicates matters even more. There are no quick and simple solutions, and these youth know it. Chemical dependency treatment for adolescents needs to move beyond the basic and important disease and twelve-step model. That model really describes the "what" and "why" for treatment, not the very important question of "how" we engage and develop relationships with youth to increase chemical dependency treatment effectiveness.

So what are some of the trends we are seeing in youth being admitted to chemical dependency treatment? Initiation to drug use is happening at a younger age which means we are now treating children with addiction problems rather than adolescents. We are seeing youth with more severe psychiatric, emotional, and behavioral problems, often described collectively as co-occurring disorders. And, almost as in response to the complex mental health problems, the increasing identification of marijuana as the primary drug of abuse for these youth appears to be a reaction to finding a salve

to deaden the increased developmental and psychological pain.

Treatment is about addressing the deep woundedness these youth carry. Often the barriers we witness when we begin treatment with these youth are the normal reactions of someone who has medicated their pain and now has had the wound opened wide. We should expect and be ready for this reaction, and even plan for it to happen in order to increase the engagement of these youth. The pain may be so severe for some of these youth, that when we ask them to stop using and allow us to help them, they may look at us and say, "you don't understand, I can't allow myself to look at this pain." This pain makes it very difficult for these youth to trust and enter into intimate, caring relationships.

As a way to begin to address this, the Division of Alcohol and Substance Abuse (DASA) has been asking treatment providers to increase the retention and completion rates of youth in residential treatment. Best practice approaches for working with these youth who have been traumatized should include skills to help us stabilize them, develop trust, and provide safety. Often when we are in a hurry to help these youth and teach them about their addiction, we forget to allow them time to find safety and security in our presence. We cannot rush engagement, and if we skip over it, we will usually encounter resistance, severe acting out, and limited retention. Engagement and relationship building is the starting point and framework for any effective treatment strategies. The greatest gift and best resource these youth have is their protective testing to see if we can hang in there in spite of the defenses that push us away. They want to know if we




are capable of suffering some rejection and pain and still are there to help them. Michael Meade, a local writer and trainer, describes today's youth

as "blindly hurling their woundedness" at the world. It is a universal trait to personalize the behavior of someone using defense mechanisms. The path to the heart of the work with these youth is through an analysis of our responses to the woundedness they hurl at us. We need to seek out our own "counselors" to help us with this pain.

The good news is that even with all the complicated problems these youth present, we have evidence that treatment works. Research conducted in Washington State on adolescent treatment has demonstrated significant declines in levels of depression, criminal behavior, and problems in the home and at school. Treatment also resulted in reductions in the use of medical and psychiatric service utilization and declines in emergency room visits. In a national study on youth treatment effectiveness, Dr. Yih-Ing Hser stated, "community-based drug treatment programs do work for adolescents, but in order to maximize their therapeutic benefits, we need to devise strategies specific to adolescents to improve retention and completion of the programs."

Working more effectively with these youth means not going around, over, or under the resistance and pain. We need to walk through these challenges with the youth. They know this to be true because they live their pain everyday. The more we know and understand what is in our way and in their way, the more we can assist them in achieving their full potential in their journey to recovery.

Stephen Bogan is currently the Youth Treatment Services Lead for the Division of Alcohol and Substance Abuse. 

## A Dream Come True... Finally

By Stephen Bogan, DASA Youth Treatment Lead

After many years of dreaming and hoping for an adolescent inpatient treatment program that would address the needs of pregnant and parenting female youth, the dream has finally come true. That is not to say that it didn't take a tremendous amount of work.

Over a year ago, Perinatal Treatment Services (PTS) in Tacoma began working with the Division of Alcohol and Substance Abuse (DASA) to develop a Level I Secure inpatient treatment program for pregnant and parenting female youth. The program model was designed to replicate the successful PTS adult program in Tacoma and Seattle, but to also address the specific developmental needs of adolescents. The new program occupies a separate youth wing at the Tacoma site. DASA provides funding for 14 youth beds, including childcare funding.

Upgrading and remodeling the wing to meet Department of Health standards was a long and challenging process, but on Monday March 17, 2003, the program officially opened its doors and the first adolescent was admitted. Vicki Stark, director of the Tacoma adult

and youth programs, remarked that "she and the staff are optimistic and hopeful about helping

these young women regain their lives, and the lives of their children." This will be the first residential program for pregnant and parenting adolescent females that specifically provides infant and child care.

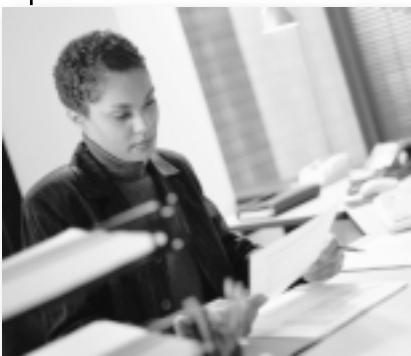
In long anticipation of youth being welcomed into the program, the staff placed little teddy bears on each of the beds in the new unit, and on Monday, one of those bears was given a home with the first youth that started her treatment.



## New Free Resource Helps Anti-Drug Coalitions Engage Local Business

*Community Coalition Toolkit Now Available Online*

The problems parents face in coping with a child's substance abuse can affect them where they spend the most time: at work. Building on the important role parents play in preventing youth substance abuse, the National Youth Anti-Drug Media Campaign developed the @Work Program to help employers bring information about this issue to working parents. Now,



to help in local efforts, the Campaign is offering the Community Coalition Toolkit, a new resource that groups can access immediately to help them engage area employers in youth drug prevention while also fostering strong ties to their local business community.

Employers often pay the cost of youth drug use with loss of caretaker productivity, low morale, increased absenteeism

and eventually greater healthcare expenses. The Community Coalition Toolkit — available online at [www.TheAntiDrug.com/AtWork/CommunityToolKit.html](http://www.TheAntiDrug.com/AtWork/CommunityToolKit.html) — helps coalitions address these issues with local companies. It is part of the Campaign's special @Work Program website which provides a wealth of information for employers and human resource professionals, making it easy for them to integrate drug-prevention resources into company websites, intranets and other communication channels, such as employee newsletters.

The @Work Community Coalition Toolkit gives coalitions a recipe for approaching and enlisting local businesses. Other highlights of the toolkit include:

- Useful Media Campaign Web links, free resources and flyers to offer businesses;
- Sample introduction e-mails and letters to send to companies;
- Easy-to-use talking points to reference when contacting local employers;
- Advice on how to conduct a brown bag lunch at local companies about youth drug prevention;
- Sample youth drug-prevention articles that companies can post on bulletin boards, intranet and Web sites.

The Media Campaign offers many free resources such as posters, activity guides, Web banners and youth and adult brochures to coalitions fighting youth substance abuse. To download these and many other materials, visit [www.MediaCampaign.org](http://www.MediaCampaign.org) and [www.TheAntiDrug.com](http://www.TheAntiDrug.com). Materials for young people are available at the Campaign's youth site, [www.Freevibe.com](http://www.Freevibe.com).

**ABOUT THE CAMPAIGN:** The White House Office of National Drug Control Policy's National Youth Anti-Drug Media Campaign targets youth ages 9-18, parents and other adults who influence choices young people make to lead drug-free lives. For more information about the campaign, visit [www.mediacampaign.org](http://www.mediacampaign.org).

## Thoughts on Recovery

By Kathy Ketcham

I like to tell people that recovering addicts are the best people I know.

It's true. They have been to hell and back, and they know how precious this life is – this sober life.

They teach me about tolerance, which I have learned to define as the ability to accept imperfections in others and, most importantly, in yourself.

They practice on a daily basis the art of forgiveness. Forgiving others. Forgiving themselves. Even, sometimes, forgiving God.

They understand how critically important honesty is, especially honesty with one's own self.

They admit their flaws and failings willingly and openly, knowing that serenity and peace of mind can only be discovered in humility and the humble prayer, "Help me."

And they know about gratitude – the kind of gratitude that goes beyond a superficial "thank you" for possessions earned or bestowed to acknowledge the daily blessings of compassion, community, and life itself.

Recovering people are, for the most part, silent and unseen. We don't often read about their challenges and triumphs in the newspaper. We don't see their pictures in the supermarket tabloids or read about their quiet, sober lives in teen or movie magazines.

But they are here among us, mowing their lawns next door, driving their children to school, teaching our children in kindergarten and college classrooms, reading the newspaper and sipping coffee

at Starbuck's, lifting weights at the Y.

Of course, we wouldn't know from looking at them. From the outside we wouldn't be able to tell how much pain they suffered in the past or how much shame and guilt they deal with every day, day after day, for the suffering they once caused others.

We don't know about the meetings they attend once a week or once a day. We don't hear about the visits they make to friends who are hurting and in despair.

But they are all around us, walking the walk, taking daily leaps of faith, stumbling and picking themselves back up again.

One of my recovering friends recently, shyly, offered me something she had written in response to a question from her Narcotics Anonymous sponsor. If you could choose the perfect life, her sponsor asked her, what would it be?

"I think I have the perfect life today," my friend wrote. "The fact that I am alive and able to have the chance at any kind of life is so amazing. I have ups and downs, but that is life. And there is a lot of work at life, things that I will learn along the way. It is just a gift that I am here and able to live it...that I am here

"I went to meetings. I talked. I cried. I was hugged. I was afraid. I was trusted. They believed me because they said they knew, and slowly a healing took place."

when others come around seeking a better way to live...that I am able to share, with those who want it, my experience, strength, and hope."

I like the straight talk of normal, everyday people in recovery. They zero in on what really matters. No excuses. No fancy words. Just putting it out there, saying it like it is. Exposing their hearts, searching their souls, refusing to lie to anyone, anytime, anywhere.

In the New York Times bestseller *The Courage to Change* (Warner Books), recovering alcoholic Dennis Wholey interviews famous people in recovery – actor Jason Robards, writer Elmore Leonard, rock star Grace Slick, politician Wilbur Mills, lawyer Gerry Spence.

These famous folks talk straight, too, but my favorite words of all are at the very end of the book in a section titled "12 Members of Alcoholics Anonymous."



## DASA Awards New RUaD Grants

By Aaron Starks, Statewide RUaD Coordinator



Congratulations go out to Benton-Franklin Substance Abuse Coalition, Grays Harbor County Public Health and Social Services Department, and Chelan-Douglas TOGETHER! For Drug Free Youth, the successful bidders for the Reducing Underage Drinking (RUaD) program 2002 Basic Grant. Funding for community projects is designed to increase the enforcement of underage drinking laws and reduce underage drinking in Washington State.

The RUaD grant supports programs, such as compliance checks of retail outlets, training to merchants on recognition of fake ID, police emphasis patrols, media campaigns, education to minors about the consequences of underage drinking, and school-based alcohol prevention best practice programs.

Since 1999, over \$2.2 million dollars has been awarded to Washington State through the Office of Juvenile Justice and Delinquency Prevention, Enforcing Underage Drinking Laws Grant. We are seeing positive changes in underage drinking. In the Fall 2002 Washington State Healthy Youth Survey, significant reductions in 30-day use of alcohol and binge drinking were reported among students in Grades 6, 8, 10 and 12. Though we have made much progress in collaborating across the state to address underage drinking, and there are fewer Washington minors drinking than in previous years, there is still work to be done.

Here's what "Ed," has to say about recovery:

"I went to meetings. I talked. I cried. I was hugged. I was afraid. I was trusted. They believed me because they said they knew, and slowly a healing took place. No magic. No cure. But a very slow healing occurred around tables, among people who had experienced great pain, great sickness, much emptiness. Collectively we were being healed. It was the same and different for each of us...

"They touched my soul when it was time. I knew I would keep going to the tables to try and describe the touch of a soul, the feel of it, the freedom of it, the adventure of it. If that meant I could not drink today, then today I would not drink. If that meant I had to go to a meeting, then I would go. It was all I ever wanted – to touch the soul of another. Again and again and again."

In the end, I wonder if that is what we all want as human beings. To touch the soul of another.

In that sense, perhaps, we are all in recovery.

Kathy Ketcham writes for the Walla Walla Union Bulletin, where this article first appeared on 9/10/02.

### 2002 Grantees

#### Program

Benton-Franklin Substance Abuse Coalition

#### Amount

\$75,000

#### Contact

Peggy Haecker

#### Phone

(509) 783-3180

#### Program

Grays Harbor County Public Health and Social Services Department

#### Amount

\$75,000

#### Contact

Vera Kalkwarf

#### Phone

(360) 532-8631

#### Program

Grays Harbor County Public Health and Social Services Department

#### Amount

\$75,000

#### Contact

Vera Kalkwarf

#### Phone

(360) 532-8631

### Previous Grantees

#### 2001 Grantees

- Spokane County Community Services Office
- Jefferson County Sheriff's Office
- Benton-Franklin Substance Abuse Coalition

#### 2000 Grantees

- Thurston County Prosecuting Attorney/TOGETHER!
- Mabton Police Department
- Grays Harbor County Public Health and Social Services Department

#### 1999 Grantees

- Clallam County Sheriff's Office
- Cowlitz County Sheriff's Office
- Napavine Police Dept.
- Thurston County Sheriff's Office
- Spokane County Sheriff's Office
- Mabton Police Department
- Island County Sheriff's Office

## Significant Cost Savings for Washington State:

### Alcohol and Other Drug Treatment in SSI Clients Offset Medical Costs, Reduced Recidivism

By Felix Rodriguez, Ph.D., DASA Research and Evaluation Section; and Sharon Estee, Ph.D., Research and Data Analysis Division

Does providing substance abuse treatment to recipients of Supplemental Security Income (SSI) lower costs for publicly funded medical, mental health, and nursing home care? Yes, according to a progress report on the three-year-old Washington State SSI Cost Offset Pilot Project. Previous studies have found that SSI recipients who received substance abuse treatment had significantly lower Medicaid costs than SSI clients who appeared to need treatment but did not get it. Thus, a pilot project was created in November 1999 to provide alcohol and other drug (AOD) treatment to SSI recipients. It started initially with 16 and expanded to 30 counties in Washing-

ton State.

The progress report estimated the inflation-adjusted cost differences for medical, mental health, and nursing home care and differences in criminal justice involvement among nearly 21,000 SSI clients who needed AOD treatment from July 1997 through December 2001.

■ Monthly per client costs for SSI clients who entered AOD treatment were \$311 lower for medical care, \$48 lower for state mental hospital expenses, \$16 lower for community psychiatric hospital care, and \$56 lower for nursing home care compared to costs for SSI clients who remained untreated.

■ Providing AOD treatment offset the total cost of medical, mental health, and nursing home expenses by \$252 per person per month.

■ Annual savings could reach \$9.6 million by treating 30 percent of the 10,572 SSI clients identified during the study period as needing but not receiving AOD treatment.

■ AOD treatment reduced the likelihood of arrest by 16%, convictions for an offense by 15%, and felony convictions by 34%.

The medical care, mental health, and nursing home costs offset and the reduction in recidivism were even greater for a subgroup of SSI clients who completed treatment during the study period:

■ Clients who completed treatment had lower costs per client per month of \$380 in medical costs, \$56 in state mental hospital costs, \$33 in community psychiatric hospital costs, and \$65 in nursing home costs, compared

to clients who needed AOD treatment but remained untreated.

■ Clients who completed AOD treatment had their likelihood of arrest reduced by 43%, convictions for any type of offense by 38%, and felony convictions by 48%.

More results can be found in *Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project 2002 Progress Report* prepared by Dr. Sharon Estee and Dr. Daniel Nordlund of the Research and Data Analysis Division, Washington State Department of Social and Health Services (DSHS). Copies of the report may be obtained from the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or (206) 725-9696 (within Seattle or outside Washington State), by e-mailing [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org), or writing to 3700 Rainier Avenue South, Suite A, Seattle, Washington 98144. 🐾

## 2003 Treatment Institute

By Dixie Grunenfelder

The 2nd Annual Division of Alcohol and Substance Abuse (DASA) Treatment Institute will take place July 28 – 30, 2003, at Seattle Pacific University, in Seattle. The three-day Institute is designed for chemical dependency professionals looking for professional development opportunities.

Keynote presenters include: Charles Curie, Director of Substance Abuse and Mental Health Services Administration (SAMHSA); John deMiranda, Executive Director of the National Association on Alcohol, Drugs & Disabilities, Incorporated; and Dr. Thomas McLellan, with the Treatment Research Institute.

The Institute will provide intensive, skill-based instruction in the following areas: Treatment Outcomes, Stigma Issues, Clinical Supervision, Relapse Prevention, Native American Treatment Strategies, Adult Learning and Teaching Strategies, Motivational Interviewing, and Nicotine Addiction Treatment.

In addition, the Institute will offer a wide variety of workshop presentations covering the current issues facing the chemical dependency field, as well as the latest counseling techniques. Participants will earn up to 24 chemical dependency continuing education credits.

Registration information will be mailed Spring 2003, or visit the DASA website at <http://www1.dshs.wa.gov/dasa> for further information. 🐾



### AN OPEN LETTER TO PARENTS:

#### HERE'S WHAT THE EXPERTS SAY ABOUT MARIJUANA AND TEENS.

■ "Marijuana is not a benign drug. Use impairs learning and judgment, and may lead to the development of mental health problems."  
— American Medical Association

■ "Smoking marijuana can injure or destroy lung tissue. In fact, marijuana smoke contains 50 to 70 percent more of some cancer-causing chemicals than does tobacco smoke."  
— American Lung Association

■ "Teens who are high on marijuana are less able to make safe, smart decisions about sex—including saying no. Teens who have used marijuana are four times more likely to have been pregnant or gotten someone pregnant than teens who haven't."  
— National Campaign to Prevent Teen Pregnancy

■ "Marijuana can impair perception and reaction time, putting young drivers, their passengers and others on the road in danger. Teens, the highest risk driving population, should avoid anything that might impair their ability to operate a vehicle safely."  
— American Automobile Association

■ "Marijuana use may trigger panic attacks, paranoia, and even psychosis, especially if you are suffering from anxiety, depression or having thinking problems."  
— American Psychiatric Association

■ "Marijuana can impair concentration and the ability to retain information during a teen's peak learning years."  
— National Education Association

■ "Recent research has indicated that for some people there is a correlation between frequent marijuana use and aggressive or violent behavior. This should be a concern to parents, community leaders, and to all Americans."  
— The National Crime Prevention Council

And, according to the National Institute on Drug Abuse, marijuana can be addictive. In fact, more teens are in treatment with a primary diagnosis of marijuana dependence than for all other illicit drugs combined.

Teens say their parents are the single most important influence when it comes to drugs. Know their friends. Ask them where they are going and when they will be home. Take time to listen. Talk to your teens about marijuana. To learn more about marijuana and how to keep your teens drug-free, visit [www.theantidrug.com](http://www.theantidrug.com) or call 800-788-2888.

**PARENTS.**  
THE ANTIDRUG.

This information for parents recently ran in Seattle and Spokane newspapers, sponsored by the Office of National Drug Control Policy.



# Winners Selected in 2003 Drug-Free Washington Month Poster Design Contest

Winning posters have been selected in the tenth annual Drug Free Washington Month contest. Celebrated annually in April, Drug-Free Washington Month is a unique awareness campaign created to promote and enrich positive, drug-free environments.

The Washington State Liquor Control Board and the Office of the Superintendent of Public Instruction

recognized the winning student artists at various school assemblies across Washington State.

The 1,600 student entries were based on the theme "Do Amazing Things, not Drugs." This year's poster theme was submitted by 4th grader Chester Bates of Carson Elementary in Stevenson.

The first place poster in each age group has been printed and distributed to schools statewide

and all winners receive art supplies. Every student who participated will receive a certificate signed by Governor Gary Locke, Liquor Board Chairman Merritt Long, and Superintendent of Public Instruction, Dr. Terry Bergeson. The poster contest was open to all students from preschool through high school.

Partners in the poster design contest include the state Division of Alcohol and Substance Abuse, the King County Community Organizing Program, the Washington State Department of Health, the Washington Traffic Safety Commission, and the Office of the Superintendent of Public Instruction.

In addition to the poster contest, other events to promote Drug Free Washington Month included:

■ **The Alcohol/Drug Teenline** worked with the City of Burien to put on a "Dance Against Drugs". It was held April 5 at Sylvester Middle School. The event included an information fair; a presentation about drunk driving by Mike Buckingham from the Kent Police Department; and a youth dance. Raffles prizes were awarded, including an X-Box. For more information, contact Jennifer Velotta, TeenLine Coordinator, at (206)722-4222 or [teenline@adhl.org](mailto:teenline@adhl.org).

■ **The Washington State Alcohol/Drug Clearinghouse** distributed approximately 50,000 posters and brochures to schools and communities.

■ **Thurston Together** hosted a statewide tobacco-free march and rally for Kicks Butt Day at the state capitol on March 29. A youth dance was held at the YMCA after the rally. For more information, contact Heather Siemers, (360) 493-2230 ext. 19, or e-mail [tobaccofree@thurstonttogether.org](mailto:tobaccofree@thurstonttogether.org).

■ **King County Partners in Prevention** organized two events: an open mic and battle at a teen center, which included prizes, and a skit and presentation on club drugs and raves. 🎭

## 2003 POSTER DESIGN CONTEST WINNERS



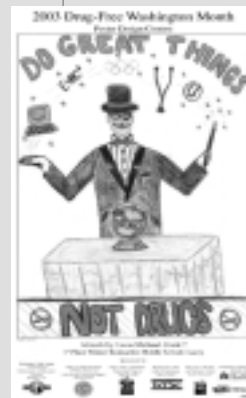
Ashley Thoreson  
9th Grade  
Bellingham High School

Michael Conyers  
4th Grade  
Dunlap Elementary



These posters are available from the Washington Alcohol/Drug Clearinghouse by calling 1-800-662-9111.

Lucas Michaud  
7th Grade  
Komachin Middle School



Cassie Coburn  
1st Grade  
Skyview Elementary

Grade  
K-2

Grade  
3rd-5th

Grade  
6th-8th

Grade  
9th-12th

1st PRIZE

**Cassie Coburn**  
1st Grade  
Skyview Elementary  
Spokane

**Michael Conyers**  
4th Grade  
Dunlap Elementary  
Seattle

**Lucas Michaud**  
7th Grade  
Komachin Middle School  
Lacey

**Ashley Thoreson**  
9th Grade  
Bellingham High School  
Bellingham

2nd PRIZE

**Lillian Albright**  
1st Grade  
Edison Elementary  
Centralia

**Brittany Yocum**  
4th Grade  
Dunlap Elementary  
Seattle

**Josiah Munger**  
8th Grade  
Kopachuck Middle School  
Gig Harbor

**Kaori Kakisako**  
12th Grade  
Marysville-Pilchuck H.S.  
Marysville

3rd PRIZE

**Lydia Vantrease**  
2nd Grade  
Pomeroy Elementary  
Pomeroy

**Kayla Howder**  
4th Grade  
Mary Walker Elementary  
Springdale

**Shiloe Gallardo**  
6th Grade  
Pomeroy Elementary  
Pomeroy

**Oliver Batin**  
12th Grade  
Marysville-Pilchuck H.S.  
Marysville

## Opiate Treatment Programs Accredited by Washington State

By Miae Christofferson

Alcohol/Drug Network, Central Washington Comprehensive Mental Health, Evergreen Treatment Services, Tacoma/Pierce County Methadone Maintenance Program, Therapeutic Health Services, and WCHS, Inc. have been granted three-year accreditation as Opiate Treatment Programs (OTPs). Since the May 18, 2001, adoption of 42 CFR, Part 8, OTPs must be accredited by one of five accreditation bodies. Those accreditation bodies are: CARF...the Rehabilitation Accreditation Commission (CARF), The Council on Accreditation for Children and Family Services, Inc. (COA), The Joint Commission on Accreditation of Health Care Organizations (JCAHO), Washington State DASA, and the state of Missouri were approved as OTP accreditation bodies by the Center for Substance Abuse Treatment (CSAT). Therapeutic Health Services was accredited by CARF and Central Washington Comprehensive Mental Health was accredited by JCAHO.

The Washington State accreditation team consists of Dennis Malmer, DASA Certification Policy Manager; Miae Christofferson, DASA Certification Specialist; and a medical peer reviewer. At this time, Washington State has accredited nine programs. The accreditation surveys are very similar to the process used in certifying Washington State chemical dependency treatment programs. Surveyors review agency policies and procedures, personnel files, and patient records, interview clinical staff and patients, and observe treatment services when possible. The main difference between the certification and accreditation surveys have been the implementation of the CSAT Guidelines for the Accreditation of Opioid Treatment Programs. So far, OTP providers have been very pleased with the ease of DASA's accreditation process in Washington State. DASA has combined the accreditation and certification processes into a single process and does not charge additional accreditation fees.

DASA has also obtained a grant from CSAT that funded the cost of an OTP's medical peer reviewer, cost to adapt their program manuals to the accreditation requirements, and helped offset the costs to DASA of the initial technical assistance and accreditation surveys and WAC changes.

If you would like additional information about the accreditation of OTPs, please contact Miae Christofferson, DASA Certification Specialist at (206) 272-2174, or e-mail [chrisms@dshs.wa.gov](mailto:chrisms@dshs.wa.gov).

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## Statewide Prevention Services Report Released

The 1999-2001 Prevention Services Biennium Report is now available and is being distributed to County Alcohol and Drug Coordinators, County Prevention Specialists, and Tribal Prevention Program Managers. The report contains information about program outcomes and highlights from DASA-funded county and tribal prevention services, a breakdown of who was served, risk and protective factors addressed, and program strategies.

This report was made possible through the efforts of our many prevention partners across the state. The report may be accessed online at <http://www1.dshs.wa.gov/dasa>. Printed copies may be requested from Christine Hoffman at (360) 407-0910 or [hoffmca@dshs.wa.gov](mailto:hoffmca@dshs.wa.gov).

## Center for Substance Abuse Prevention Offers New E-Newsletter:

### Partners for Substance Abuse Prevention

The Partners for Substance Abuse Prevention (PARTNERS) are producing a monthly e-mail newsletter to update you on the latest additions to the Partners website. The web address to sign up as a member or to receive the e-newsletter is <http://preventionpartners.samhsa.gov/default.asp>. Each newsletter will contain the following topics:

- > Question from the Field, > Resources, > Partner Highlight,
- > Partner Focus, > Voice from the Field, > Partner List, > Feedback



PARTNERS is sponsored by the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

## Citizens Advisory Council Schedules Next Summit With the County Boards

By Tommy R. Thomson, CAC Member

At the first annual Citizens Advisory Council (CAC)/County Alcoholism and Other Drug Addiction Board Summit held in December, it was agreed to have bi-annual meetings in the future. In response, the CAC has scheduled the next Summit for May 15, 2003, in Moses Lake.

Some of the key agenda items will include the following topics:

- > Overview on state and county planning process (needs assessment, etc.) with presentations by DASA staff, representatives from County Boards, and County Alcohol and Drug Coordinators.
- > Legislative and budget overview and update.
- > The first in a series of educational sessions on special needs groups – ethnic minorities and disabilities.
- > Training and discussion session on how to be an effective board member.

The continuing objective of the Summit is to provide a forum for true peer-to-peer communication between the volunteer members of the CAC and the County Boards across the state. By sharing local and state issues, we hope that we can all become more effective Council and Board members for better representation and advocacy on behalf of our service populations in the state.

Summit notices and registration forms will be sent to County Board Chairs and County Alcohol and Drug Coordinators.

Comments or questions regarding the upcoming Summit may be directed to Tommy R. Thomson, CAC member, at (360) 734-3939 or e-mail [trtcpa@earthlink.net](mailto:trtcpa@earthlink.net). For more information about the CAC, contact Doug Allen at (360) 438-8060 or [allende@dshs.wa.gov](mailto:allende@dshs.wa.gov).

## PDFW Distributes New Messages to Media Partners

The Partnership for a Drug Free Washington (PDFW), DASA's ongoing drug prevention media campaign, recently delivered a variety of new messages to television and radio stations in Seattle, Yakima/Tri-Cities, and Spokane. Some of the new television messages created for state alliance programs by the Partnership for a Drug Free America include:

- A new parent-targeted message called Innocence, which informs parents about innocent looking objects that may be a sign their kids are using ecstasy
- Ten second messages called URL-Ecstasy, URL-Stash, URL-Marijuana and URL-Meth drive viewers to PDFW's website ([drugfreeamerica.org](http://drugfreeamerica.org)). These were created based on the ongoing feedback received from parents that they need more information about drugs and how to speak with their kids.
- Your Brain Gets Dizzy is a fun, new animated musical spot targeted at kids and pre-teens
- "Fish Tank" features a draining fish tank, representing how inhalants take away what you need to live.

Radio messages include new spots on ecstasy, and a marijuana prevention spot about the importance of older siblings being positive role models. Radio scripts are available at [www.drugfreeamerica.org/alliancetools](http://www.drugfreeamerica.org/alliancetools). At the site, you'll find Ecstasy scripts in both English and Spanish and Methamphetamine scripts in English.

During 2002, over 1,000 drug prevention messages were aired by our media partners statewide for a value of \$110,000. Corporate sponsors of PDFW messages included Rite Aid, the Seattle Seahawks, Washington State University, Sleep Country USA, and the Seattle Sounders. In addition, Northwest Cable News continues to support PDFW messages through its website: [www.nwcn.com](http://www.nwcn.com) (select "Health" from the homepage, then "Feature: Partnership for a Drug Free Northwest").

For more information about Partnership for a Drug Free Washington, media effectiveness research, or cause related marketing, contact Deb Schnellman at (360) 438-8799 or [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov).

Isn't  
your teen  
a little  
too old  
for this?



Teens on Ecstasy sometimes use pacifiers to keep from chewing the insides of their mouths or chipping their teeth. Ecstasy can cause brain damage, heart failure and even death.

Talk to  
your kids  
about  
Ecstasy.

1-866-XTC-FACTS

Partnership for a  
Drug-Free Washington

[drugfreeamerica.org](http://drugfreeamerica.org)  
Partnership for a  
Drug-Free America

# Upcoming Education and Awareness Opportunities: June – August



JUNE '03

SUMMER DRINKING AWARENESS KIT –  
Contact: National Council on Alcoholism  
and Drug Dependence  
[www.ncadd.org/programs/awareness](http://www.ncadd.org/programs/awareness)

- 6 4th Annual "Saying It Out Loud"  
conference: Addressing addiction and other  
health issues facing the gay, lesbian,  
bisexual, transgender and questioning  
(GLBTQ) communities, Shoreline.  
Contact: Ira Stallsworth, DASA  
(206) 272-2190
- 20 South Puget Sound Methamphetamine  
Conference – Lucky Eagle Casino, Chehalis  
Indian Reservation.  
Contact: [1magnus@chehalis tribe.org](mailto:1magnus@chehalis tribe.org)



JULY '03

American Cancer Society's Camp Speak  
Out! (Youth leadership camp for cancer/  
tobacco prevention and teen health).  
1-800-ACS-2345 or [www.cancer.org](http://www.cancer.org)

- 16-18 8th Annual National Prevention Symposium  
Hotel Nikko, San Francisco.  
Contact: Comprehensive Health Education  
Foundation at 1-800-323-2433 x1890 or  
[www.chef.org](http://www.chef.org)
- 28-30 2nd Annual DASA Treatment Institute  
Seattle Pacific University, Seattle.  
Contact: DASA Training Section,  
(360) 438-8200 or 1-877-4557



AUGUST '03

NATIONAL NIGHT OUT  
Contact: National Association of Town Watch  
(800) NITE-OUT or [www.natw.org](http://www.natw.org)

- 20-22 18th Annual Merrill Scott Symposium on  
Alcoholism and other Drug Addictions,  
Yakima. Contact: Sundown M Ranch,  
(509) 457-0990 or [www.sundown.org](http://www.sundown.org)
- 24-27 15th Annual National Prevention Network  
Prevention Research Conference. San Diego,  
CA. Contact: Sue Carlson at  
(405) 325-1447, [scarlson@ou.edu](mailto:scarlson@ou.edu)  
or [www.nasdad.org](http://www.nasdad.org)

**For more information  
or to register for trainings,  
contact DASA's Training Section  
at 1-877-301-4557**

**Want to share FOCUS with others?  
Let them know it's on DASA's website  
at [www1.dshs.wa.gov/dasa](http://www1.dshs.wa.gov/dasa)  
(click on "What's New")**

Got FOCUS?



To continue bringing you useful  
information in FOCUS, let us know  
what matters most to you, and the  
drug prevention and recovery news  
and successes happening in your  
community. Send your comments  
and information to Deb Schnellman  
at [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov).



Division of Alcohol & Substance Abuse  
P O Box 45330  
Olympia, WA 98504-5330

Address Service Requested

Please Recycle

PRSR STD  
U.S. POSTAGE PAID  
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Permit No. 297